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CHARD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the year ended 31st December, 1960

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A.M. McCall, V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspectors

E. Whisker, M.A.P.H.I.
C.V. Muggeridge, M.A.P.H.I.
T.A.J. Fowler, M.A.P.H.I.

County Council's Health Visitor

Mrs. O.J.M. Pitt, S.R.N., S.C.M., H.V.

Clerk to Medical Officer

Miss Y. Michael, B.A.



Committees concerned with matters of Public Health

- (a) Public Health (23 members)
- (b) Housing (17 members)
- (c) Works (17 members)

Health Department,
16, Church Street,
Crewkerne.

Tel. No. Crewkerne 419

CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 31st DECEMBER, 1960.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for 1960.

It was a healthy year, free from any epidemic.

This year in Section B I have stressed the considerable contribution the District Nurse/Health Visitors make to the health and well-being of the Rural District.

In Section D I have also reported on the energetic action the Council is taking in the provision of sewerage systems. The preliminary work entails a great deal of clerical work in the submission of appropriate documents to the Ministry. That so much progress has been made is undoubtedly due to the enthusiasm of Mr. Hartley, our Clerk.

I would like to take this opportunity of thanking the Council for the courtesy they have shown me and the officers for the help they have given me during the year.

I am,

Your obedient Servant

A.M. McCALL

Medical Officer of Health.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION: The Registrar General gives the estimated mid-year population for 1960 as 12,480, a slight increase on last year.

The population density is .22 persons per acre.

BIRTH RATE: The corrected Birth Rate for the year was 12.8 per thousand, well below the national figure of 17.1. It would seem unlikely that the Rural District will become overpopulated in the near future. There were five illegitimate births.

DEATH RATE: The corrected Death Rate for the year was 9.45 per thousand, well below the national figure of 11.5. Of a total number of 127 deaths, 46 were due to heart disease and a further 22 due to vascular lesions of the nervous system and other circulatory diseases. Cancer only caused 14 deaths, two of these due to lung cancer in males. Eleven deaths were due to various diseases of the lungs. Diagnosis would appear to have been more difficult during 1960. There were 24 deaths due to ill-defined diseases. Full details are shown in Appendix A, Table 3.

MATERNAL MORTALITY: There were no maternal deaths in 1960.

STILLBIRTHS: This figure refers to children born after the twenty-eighth week of pregnancy which do not breath or show other signs of life. There were five cases.

INFANT MORTALITY: There was one death of an infant of five months during the year, due to a congenital abnormality.

SOCIAL SERVICES: The social services remained unchanged in 1960. The social conditions in the Rural District are satisfactory. Unemployment was at a low level and the standard of housing good. Where it falls short of a satisfactory standard, the Council take active steps to deal with individual or groups of houses. There is increasing employment in some of the towns in our district and the demand for housing increases, but, at the same time, there is an increasing prosperity.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The services provided by the local health authority remained unchanged in 1960.

CARE OF MOTHERS AND YOUNG CHILDREN: From the earliest times man has realised that the development and delivery of an infant are not without their risks. The Ancient Greeks who had a not inconsiderable knowledge of rational medicine, recognised that there were many complications capable of disturbing these delicate processes and that if these had occurred there was often little that could be done to ensure normal birth. It was for these reasons that the assistance of the Gods was invoked as an additional aid to the skill of those in attendance on the mother-to-be.

To-day, in civilized communities, childbirth has lost its shroud of mysticism. Expectant mothers, thanks to close medical attention, dietary supplements and carefully graded exercises, approach delivery in a fitter state than ever before, with every chance of experiencing an uneventful labour and producing a healthy child.

ANTENATAL CLINICS: No antenatal clinics are held in the Rural District but expectant mothers near Crewkerne and Chard attend at the clinics held there. Routine blood examinations are made in all cases. The sample is submitted to the Wasserman and Kahn tests, the haemoglobin is estimated, the Rh re-action determined and the blood is grouped. The group to which the blood belongs is obviously important if a transfusion is needed during or after delivery. It is interesting to note that a French physician first attempted a transfusion in 1666 using the blood of a lamb with disastrous results to the patient. More than 20 years later in the 1870s the use of lambs blood was still being advocated for transfusion purposes, and even whole milk was not without its supporters. Not until Landsteiner's discovery of blood groups in 1900 were previous failures explained and a more scientific approach to the problem made possible.

In addition, general practitioners carry out antenatal examinations and this varies from practice to practice. Some hold clinics in their own surgeries with the midwife in attendance, in some cases the midwife does not attend. Some practitioners visit the mothers in their own homes with the midwife, others go alone and in other

cases the midwife visits every month until the twenty-eighth week and then every fortnight until the thirty-sixth week and weekly after that. They often make a practice of taking the patient to the private practitioner concerned when the case is booked and again at the thirty-sixth week.

Those patients living near Chard or Crewkerne who are awaiting their first baby are encouraged to attend the relaxation classes held at the clinics there. At these classes the mothers are taught the physiology and mechanics of childbirth and the art of relaxation.

DOMICILIARY MIDWIFERY: The district nurses attend all mothers in their homes. More often than not, the general practitioner is not present but is usually informed when the mother goes into labour and always attends if medical aid is required.

HOSPITAL CONFINEMENT: All cases needing hospital confinement are admitted to maternity units in Taunton or Yeovil.

INFANT WELFARE CLINICS:

Merriott: This clinic, which is held in the Village Hall twice a month, has an active committee and is well supported. Dr. A. Dauncey attends each session.

Shepton Beauchamp: Dr. Cartwright is in charge of this clinic which is held once per month. The figure of attendances are about the same as those of 1959.

Tatworth: Dr. Elliott is in charge of this clinic which is held monthly in the Village Hall. The figures of attendances, which are similar to those of last year, are satisfactory.

Combe St. Nicholas: Dr. Reeves is in charge of this clinic which is held once per month and details of this and the other clinics will be found in Appendix B. Table 1.

HEALTH VISITING: Mrs. Pitt is the Health Visitor and Tuberculosis Health Visitor for the greater part of the area. A few parishes are covered by the district nurse/health visitor. The health visitors attend all school medical inspections and do the follow-up visits on my behalf. In her capacity as Tuberculosis Health Visitor, Mrs. Pitt works in the outpatients department at Chard Hospital when the Chest Physician is in attendance.

HOME NURSING: This work is done by the nurses for each district and covers a whole series of activities not strictly nursing. These include obtaining and helping to complete various forms, collecting prescriptions from private doctors, delivering the medicines, arranging for home helps, ambulance conveyance and the boarding out of children during mothers' illness or absence.

The actual nurses duties may be general or specialised and include bed bathing, injections, dressings, enemas, catheterizations, etc. They advise relatives as to the nature of the illness and give advice on diet and the medicine ordered by the doctor. All this work was carried out with unfailing good humour and kindness.

IMMUNISATION: The demand for vaccination against poliomyelitis continued throughout the year. English vaccine was available all the time. I visited all the village schools on several occasions to immunise the school children and took the opportunity to invite mothers and pre-school children to these sessions. In addition, public sessions were held at Chard, Crewkerne and Ilminster. Many general practitioners carried out a considerable amount of this work, details of which can be found in Appendix B, Table 3.

VACCINATION: 91 primary vaccinations were carried out in 1960. When it is remembered that a total of 150 live births occurred during the same period, the acceptance rate cannot be regarded as entirely satisfactory.

HOME HELP SERVICE: The Home Help Service was again available in the area but it is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area organisers in Yeovil and Taunton dealt with all applications.

SCHOOL MEDICAL SERVICE: I visited each school in the area during the year and carried out a full medical inspection and caught up with all the arrears of 1959. Details are shown in Appendix B, Table 2.

The success of the School Health Service and the school medical inspection in particular, depends on the co-operation of the head teacher and staff of each school with the area medical officer. Without the interest of the teachers and their help with records and background information, much would be lost. I am most fortunate in the Chard Rural District and am received with unfailing courtesy in the schools. This makes a sometimes tiring routine job far less difficult. I am grateful to the Head Teachers and staff for the assistance they give me in this aspect of my work.

SPEECH THERAPY: The new speech therapist, Miss Kenyon, attended one per week at the clinics in Chard and Crewkerne and the waiting list for treatment was considerably reduced.

SCHOOL DENTAL SERVICE: The part-time dental surgeon based at Chard, Mrs. Walker, continued to work among the rural schools in that part of the area but the Crewkerne end of the district was left uncovered from April onwards.

ORTHOPAEDIC SERVICES: Orthopaedic clinics were held once a month in Crewkerne and Chard where all cases were seen by the orthopaedic sister, Miss Read. At regular intervals they are referred back to the orthopaedic surgeon who assesses progress and future treatment.

OPHTHALMIC SERVICES: I carry out routine eye testing in the schools during the annual medical inspection. This includes simple refraction and inspection of glasses and checking to see that the County Oculist's instructions are being carried out. Children are referred to opticians or the County Oculist, as necessary.

EPILEPTICS: This distressing illness among school children calls for special consideration and careful handling. All are first seen by a specialist and treatment is prescribed. This is usually so effective as to allow the children to continue to attend the ordinary school. These children are seen at every school medical inspection and more frequently by the specialist either at Taunton or Yeovil. In some cases the attacks are such as to render normal schooling impractical and frequently a home tutor is provided at County expense. In a few cases the County Council arrange for the child to be admitted to Chalfont Colony.

SPASTICS: Drugs are of little value except in controlling fits but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

BLIND PERSONS: The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are 29 registered blind persons resident in the area. Prior to the admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

AMBULANCE SERVICE: The County Council provide this service and in 1960 the Chard Rural District was satisfactorily covered. A modern fleet of ambulances is available and all are in radio communication with the area comptroller.

MENTAL HEALTH SERVICES: These services are administered by the County Council through their Mental Health Sub-Committee. During the year the service enlarged its scope and the new proposals were accepted by the Ministry.

NATIONAL ASSISTANCE ACT: No statutory action was necessary in dealing with old people in 1960.

DISABLED PERSONS: The Welfare Branch of the Red Cross extended their activities and in May opened a new Good Fellowship Club in Ilminster which is held once a month in the evenings. In addition, the Clubs in Crewkerne and Chard continued to flourish.

HEALTH EDUCATION: The Council support the Central Council for Health Education and make use of their excellent posters and leaflets.

Various organisations make requests for the nurses or myself to speak to them on various aspects of preventative medicine. These opportunities are always accepted. These talks are invariably well received.

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SECTION C.

PREVENTION AND CONTROL OVER INFECTIOUS DISEASES AND OTHER DISEASES.

Apart from a few cases of measles there was little infectious disease notified to me during 1960.

The considerable immunisation campaign carried out during the year is reported in Section B of this report. It shows that the preventative idea is paramount in the minds of this county and rural sistrict.

The B.C.G. programme in 1960 was carried out in February and March and vaccination against tuberculosis was offered to all children born in 1946 and all who had been missed in previous years. I am pleased to say that the practice of X-raying all positive reactors to the skin test has been re-introduced. It will be recalled that in my last report, I pointed out that it was from this group that the largest number of new cases occurred when the young people were in their late teens. They should be encouraged to attend for chest X-ray annually, or as often as the Mass X-Ray Unit visits the area.

SECTION D.

ENVIRONMENTAL HEALTH SERVICES.

A. SANITARY CIRCUMSTANCES:

Climatic Conditions: The total rainfall for 1960 was 58.99 inches. It was a very wet and disappointing year after the excellent weather in 1959. The autumn rains were persistent and heavy and the West Country was flooded on several occasions between September and Christmas. The Chard Rural District was fortunate and no serious flooding of houses occurred.

Water Supply: There was an ample supply of water throughout the year and the reports on all treated samples were satisfactory. We were able to supplement the supplies in the Borough of Chard and the Urban District Councils of Crewkerne and Ilminster and also assist the Western Parishes of the Langport Rural District. Full details will be found in Appendix D, Table 1.

Sewage Disposal: The number of parishes with main drainage and sewage disposal systems remained unchanged but considerable headway was made in the preparation of schemes in the following parishes:-

<u>Sewerage and Sewage Disposal:</u>	<u>Approx. Cost.</u> £
1. Hinton St. George, Lopen and Seavingtons (scheduled to commence in April, 1961) ...	72,000
2. Broadway and Horton (scheduled to commence in August, 1961) ...	33,900
3. Donyatt (scheme under consideration by Ministry of Housing and Local Government) ...	14,600
4. Improvements to Tatworth sewage disposal works ...	14,200
5. Improvements to Merriott sewage disposal works ...	13,700
6. Improvements to Misterton sewage disposal works ...	6,500
7. Dowlsh Wake (sewerage and sewage disposal) ...	14,600
	<u>£169,500</u>

The approximate cost is given.

Public Cleansing and Refuse Collection: Refuse collection by our own labour force is carried out in all parishes. Most villages are served twice per month but the more remote areas receive a four-weekly collection. Trade waste is removed but a charge is made. Cesspools are emptied at a subsidised charge of 23/6d. per load.

Rodent Destruction: One Rodent Operator is employed to carry out routine inspections of all the Council's property and in addition a contract service is offered to farmers.

Nuisances: The Public Health Inspectors investigated all complaints of nuisances and, where necessary, statutory action was authorised by the Committee. In my last report I referred to the trouble experienced with flies from the refuse tip at Dowlsh Ford, operated by the Ilminster Urban District Council. On four or five occasions during the year we received complaints of flies emanating from this source and again had to loan our heavy equipment to put the tip into a satisfactory condition.

Complaints were received of nuisances due to sewage contamination in the ditches, mainly in the parishes where schemes have been prepared for up-to-date disposal systems.

An increasing source of nuisance in this Rural District are the lay-byes on the trunk roads. Despite the provision of litter baskets the surrounding land is left covered with paper, bottles, tins, etc., which often injure cattle and attract vermin. In addition the farm land behind adjoining hedges is fouled by travellers.

B. FACTORIES ACT:

The Public Health Inspectors carried out numerous inspections of factories during the year and details are shown in Appendix D, Table 2.

C. HOUSING:

In Appendix D, Table 3, I have given details of the housing situation in the area.

The Council continued to encourage applications for standard and discretionary grants to improve houses. Thirty-seven standard and twenty-two discretionary grant applications were received and all were approved. There are still a large number of properties in the area which could be improved with the grants available.

At the end of the year there were 185 applicants on the Council's housing list, 42 of whom are applicants for old people's dwellings.

D. INSPECTION AND SUPERVISION OF FOOD:

Milk: There are two registered distributors in the area and two registered dairy premises. Sampling was carried out by the County Council's staff.

Some difficulty in distribution following new legislation, was experienced in the village of Wambrook. The original supplier in the village ceased to carry on a retail trade and the villagers had to organise their own supply from Chard. Representations were being made on their behalf at the end of the year.

Ice Cream: There are no manufacturers of ice cream in the rural district but fifty-two premises are registered for the sale of the pre-packed product.

Meat: Following the new legislation, the number of licenced slaughter houses has been reduced from ten to six, four of the slaughter houses have been closed. Of the remainder, improvement works have been carried out in five and plans for the improvement of one slaughter house are still awaited. The inspecting staff still find difficulty in seeing all animals killed, particularly in one large slaughter house situated at the extreme limit of the district.

Food Premises in General: Frequent inspections were made to the various food premises and the co-operation of owners was sought on all occasions. There are fifty-two premises registered under Section 16 of the Food and Drugs Act, 1955.

APPENDIX A TABLE 1.

Registrar General's estimate of Population mid 1960	.....	12,480
No. of inhabited houses at the end of 1960 according to the Rate Book ..		4,171
Rateable Value	.....	£92,817
Sum represented by a penny rate	.....	£367. 2. 1d.
Area	.....	54,600 acres.

APPENDIX A TABLE 2.

BIRTH RATE	12.84	Comparability Factor		1.07
		M.	F.	
Live Births	Total	83	67	
	Legitimate	81	64	
	Illegitimate	2	3	
Still Births	Total	4	1	
	Legitimate	4	1	
	Illegitimate	-	-	
Deaths of Infants under 1 year	Total	1	-	
	Legitimate	1	-	
	Illegitimate	-	-	
Deaths of Infants under 4 weeks	Total	-	-	
	Legitimate	-	-	
	Illegitimate	-	-	
Deaths of Infants under 1 week	Total	-	-	
	Legitimate	-	-	
	Illegitimate	-	-	

APPENDIX A TABLE 3.

DEATH RATE	9.45	Comparability Factor		0.93
		M.	F.	Total.
Heart:	Coronary Disease	13	13	26
	Other heart disease	13	7	20
Circulation:	Vascular lesions of nervous system	6	10	16
	Other circulatory disease	4	2	6
Cancer of:	Stomach	3	-	3
	Lung	2	-	2
	Breast	-	1	1
	Uterus	-	2	2
	Other sites	3	3	6
Lungs:	Tuberculosis	1	-	1
	Influenza	2	-	2
	Pneumonia	4	3	7
	Bronchitis	-	1	1
	Other diseases of respiratory system	-	-	-
Diabetes		-	1	1
Nephritis		-	-	-
Hypoplasia of prostate		1	-	1
Syphilitic Disease		-	-	-
Congenital Malformations		1	-	1
Duodenal Ulcer		2	-	2
Other ill-defined Diseases		11	13	24
Motor Vehicle Accidents		1	1	2
Accidents other than Motor Vehicle		-	1	1
Suicide		1	-	1
Gastritis		1	-	1
(6)		69	58	127

APPENDIX B TABLE 1.

COMBE ST. NICHOLAS CHILD WELFARE CLINIC.

Statistics for the twelve months ended
31st December, 1960.

1. No. of openings	.....	12
2. No. of medical consultations	.....	39
3. No. of children who attended in 1960		
(a) Born in 1960	.....	4
(b) Born in 1959	.....	12
(c) Born in 1955 - 1958	.....	14
(d) Attended for the first time	.....	15
4. Total attendances by children during 1960		
(a) Under 1 year	.....	85
(b) 1 - 2 years	.....	32
(c) 2 - 5 years	.....	45

APPENDIX B TABLE 1.

Merriott Child Welfare Clinic.

Statistics for the twelve months ended 31st December, 1960.

1.	No. of openings	.....	24
2.	No. of medical consultations	.....	244
3.	No. of children who attended in 1960		
	(a) Born in 1960	.....	21
	(b) Born in 1959	.....	17
	(c) Born in 1955 - 1958	.....	26
	(d) Attended for the first time	.....	29
4.	Total attendances by children during 1960		
	(a) Under 1 year	.....	238
	(b) 1 - 2 years	.....	89
	(c) 2 - 5 years	.....	17

APPENDIX B TABLE 1.

SHEPTON BEAUCHAMP CHILD WELFARE CLINIC.

Statistics for the twelve months ended
31st December, 1960.

1. No of openings	.....	12
2. No. of medical consultations	.....	111
3. No. of children who attended in 1960		
(a) Born in 1960	.....	16
(b) Born in 1959	.....	18
(c) Born in 1955 - 1958	.....	28
(d) Attended for the first time	.....	25
4. Total attendances by children during 1960		
(a) Under 1 year	.....	116
(b) 1 - 2 years	.....	77
(c) 2 - 5 years	.....	91

APPENDIX B TABLE 1.

TATWORTH CHILD WELFARE CLINIC.

Statistics for the twelve months ended
31st December, 1960.

1. No. of openings	.....	12
2. No. of medical consultations	.....	103
3. No. of children who attended in 1960		
(a) Born in 1960	.....	17
(b) Born in 1959	.....	15
(c) Born in 1955 - 1958	.....	29
(d) Attended for the first time	.....	20
4. Total attendances by children during 1960		
(a) Under 1 year	.....	119
(b) 1 - 2 years	.....	73
(c) 2 - 5 years	.....	67

APPENDIX B TABLE 2.

<u>Name of School.</u>	<u>No. on Roll</u>	<u>No. in-spected</u>	<u>Date of inspection</u>	<u>Children having milk</u>	<u>Children having dinner</u>	<u>Diptheria Immunisation</u>
Ashill	18	10	12.9.60	94.44%	94.44%	4
Broadway	40	16	19.10.60	98.5%	80%	6
Buckland St. Mary	31	15	14.9.60	100%	93.33%	7
Chillington	26	7	8.9.60	92.30%	100%	1
Combe St. Nicholas	48	19	10.11.60	83.33%	41.66%	18
Donyatt	25	13	19.1.60	100%	76%	1
Hinton St. George	69	38	20.1.60	85.50%	57.97%	13
Horton	58	19	15.3.60	91.39%	60.34%	14
Ilton	79	38	14.10.60	96.70%	68.36%	5
Merriott	101	51	26.1.61	79.20%	33.66%	13
Misterton	50	24	28.1.60	100%	22%	8
Seavington	16	11	2.9.60	100%	68.75%	6
Shepton Beauchamp	35	19	29.3.60	97.14%	65.71%	5
Tatworth	125	66	23.3.60	92%	26.4%	2
Wambrook	15	6	1.9.60	100%	80%	3
West Crewkerne	33	21	12.1.61	96.96%	81.81%	12
Whitestaunton	16	12	12.10.60	100%	68.75%	3
Winsham	68	37	17.10.60	100%	73.53%	5

APPENDIX B TABLE 3.

POLIOMYELITIS VACCINATION.

<u>Children born 1943 - 1960</u>	<u>Young persons born 1933 - 1942</u>	<u>Persons under 40 years of age</u>	<u>Persons over 40 years and Priority groups</u>	<u>No. of persons (all groups) who received a third (reinfor- cing) injection</u>
121	29	206	44	1,568

APPENDIX C TABLE 1.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

Measles	30
Whooping Cough	4
Scarlet Fever	2
Pneumonia	2
Food Poisoning	1
Pulmonary Tuberculosis	5

Analysis of Cases Notified.

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles		2	5	1	2	17	3					
Whooping Cough						1	2		1			
Scarlet Fever				1				1				
Pneumonia									1		1	
Food Poisoning												1

Tuberculosis.

<u>Age Group</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
- 1								
1 - 5								
5 - 15	1	1						
15 - 25								
25 - 35								
35 - 45								
45 - 55	2	1						
55 - 65								
65+								
Age Unknown								
Total:	3	2	-	-	-	-	-	-

WATER SUPPLIES.Piped Supplies - results of samples taken for Analysis:

<u>Raw Water.</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
21	2	2	-	17	-	2	-

Water Supplies from Public Mains:

	<u>Direct to the Houses.</u>			<u>By means of Standpipes.</u>		
	<u>Public.</u>	<u>Water Companies.</u>	<u>Private.</u>	<u>Public.</u>	<u>Water Companies.</u>	<u>Private.</u>
No. of Dwellings	3,186	No record	No record	3	No record	No record

FACTORIES ACTS, 1937 - 1959.

<u>Premises.</u>	<u>No. on Register</u>	<u>No. of Ins- pections</u>	<u>No. of Written Notices</u>	<u>No. of Occupiers Prosecuted</u>
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authority	9	12	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	36	420 *	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	-	-	-	-
<u>TOTAL:</u>	45	432	-	-

* including slaughterhouses.

No. of cases in which defects were found Nil

Outworkers.

No. of outworkers in August list required by Section 110 210

APPENDIX D TABLE 3.

HOUSING.

Action taken during year.

1. No. of houses included in Clearance Areas for which Orders are still to be made	.....	Nil
2. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	.....	Nil
3. No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	.....	2
4. No. of houses demolished or closed		
(a) under Section 17 of the Housing Act, 1957 (individual unfits)	.....	12
(b) for other purposes (road improvements etc.)	.....	Nil
5. No. of temporary dwellings (huts etc.) demolished	.....	Nil
6. No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	.....	5
7. No. of houses made fit during year	.....	2
8. No. of unfit houses occupied under licence	.....	Nil
9. Rent Act, 1957 (1st Schedule)		

Certificates of Disrepair:

(a) No. of applications received	.....	1
(b) No. of Certificates issued	.....	Nil

	<u>Houses erected during year</u>		<u>Houses in course of erection</u>		Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
	<u>For Slum Clearance</u>	<u>For other Purposes</u>	<u>For Slum Clearance</u>	<u>For other Purposes</u>		
Local Authority	Nil	12	Nil	14	Nil	Nil
Private Enterprise	Nil	27	Nil	19	2	4

No. of Post-War Houses erected from 1st April, 1945 to 31st December, 1960.		Housing Programme for 1961.	
By Local Authority	By Private Enterprise	For Slum Clearance	For Other Purposes
494	254	2	21

(a)	No. of temporary housing units occupied	(i) Prefabs	.....	30
		(ii) Huts etc.	.....	Nil
(b)	No. of houses found overcrowded		.....	Nil

Houses Required

(i)	To replace houses scheduled for demolition	.....	6
(ii)	To abate overcrowding	.....	Nil
(iii)	For other purposes	.....	Nil
(iv)	(a) Total No. of applications for Council Houses at the end of year	....	185
	(b) If applications classified give No. of urgent bona fide cases	....	-
	others	....	-
(v)	Total No of Council Houses sold during the year	.....	Nil

Housing.(Continued).

No. of permanent dwellings in District as at 31.12.59		Gained from conversions and erected during 1960 (L.A. & P.E.)	Total	Less houses demolished, closed, etc. during year.	No. of permanent dwellings in District as at 31.12.60	
					L.A.	P.E.
L.A.	739	12	751		751	
P.E.	3,578	29	3,607	18		3,589

OLD PEOPLE'S DWELLINGS.

No. erected to 31.12.60		No. in course of erection		No. of Applicants for Old People's Dwellings.
With County Council Aid	Without County Council Aid	With County Council Aid	Without County Council Aid	
31	32	14	Nil	42

IMPROVEMENT GRANTS

A. Discretionary:

<u>Applications</u>	(1) <u>Received</u>	<u>Applications</u>	(2) <u>Approved</u>
	<u>No. of Dwellings</u>		<u>No. of Dwellings</u>
22	27	22	27

<u>NOTE:</u> No. of applications approved in respect of owner/occupiers during year	12
Average cost per dwelling approved during year	£941
Amount of grant payable by Local Authority	£9,339

B. Standard:

1. No. of Applications	(a) Received	37
	(b) Approved	37
2. No. of Houses where Standard Amenities have been provided		25

APPENDIX D TABLE 4.

MEAT INSPECTION.

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number Killed (if known)						
Number Inspected 4,709	729	-	134	2,686	1,160	
<u>All diseases except Tuberculosis and Cysticerci:</u>						
Whole carcasses condemned	43	-	8	10	10	
Carcasses of which some part or organ was condemned	62	-	-	45	35	
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	14.4%	-	5.9%	2.04%	3.8%	
<u>Tuberculosis only:</u>						
Whole carcasses condemned	2	-	-	-	-	
Carcasses of which some part or organ was condemned	-	-	-	-	15	
Percentage of the number inspected affected with tuberculosis	0.27%	-	-	-	1.3%	
<u>Cysticercosis:</u>						
Carcasses of which some part or organ was condemned	3	-	-	-	-	
Carcasses submitted to treatment by refrigeration	3	-	-	-	-	
Generalised and totally condemned						
Weight of meat condemned (in lbs.) for:-						
(a) Tuberculosis						
(b) Cysticercosis						
(c) Other						
Total (in lbs.) condemned	332					

